

# Minnesota Conference Pathfinder Club TRIP PERMISSION SLIP

Effective from (m/d/yr) \_\_\_\_\_ to (m/d/yr) \_\_\_\_\_

Parents: Please complete and return to the Club Director as soon as possible.

Date: \_\_\_\_\_

Pathfinder Club Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

My child has my permission to go on all Pathfinder Club field trips. I understand I will be informed as to the date, place, time, and cost of all Pathfinder trips. I agree to waive the right to sue the Minnesota Conference of Seventh-day Adventists and its sponsors and release the Minnesota Conference from liability arising from any accident or injury occurring during these trips and any negligent conduct. This recognizes a shared responsibility among church, student and home. The trips will be for Minnesota Conference sponsored events like Bible Bowl, Pathfinder Fair, Minnesota (Union or World) Camporee's and other events that our local club might host or participate in.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**In the event of sudden illness or accident requiring attention, my child has permission to obtain emergency medical services. During the trip, I can be reached at the following number(s):**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother Home Phone: \_\_\_\_\_ Father Home Phone: \_\_\_\_\_

Mother Work Phone: \_\_\_\_\_ Father Work Number: \_\_\_\_\_

Mother Cell Phone: \_\_\_\_\_ Father Cell Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Coverage Policy:  
\_\_\_\_\_

Please check if any of the following apply:

\_\_\_\_\_ My child needs medication. (Parent is required to furnish medication in the original, properly labeled and correctly authorized container.)

\_\_\_\_\_ My child is allergic to insect bites to the extent that he/she needs medical treatment.

\_\_\_\_\_ My child is allergic to (medications or other):

\_\_\_\_\_ My child has special dietary requirements which I have indicated on the back of this form.

\_\_\_\_\_ My child has other special conditions you should be aware of, listed on the back of this form.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)